

09/843914

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.G.		5/1
O.I.P.E. CLASSIFIER		12/1	5/12
FORMALITY REVIEW	H.L.	1079	06/20/01
RESPONSE FORMALITY REVIEW	AP	1110	9-28-01

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral)... Canceled      A ..... Appeal  
÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	12/1/01
2	12/1/01
3	12/1/01
4	12/1/01
5	12/1/01
6	12/1/01
7	12/1/01
8	12/1/01
9	12/1/01
10	12/1/01
11	12/1/01
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43	12/1/01
44	12/1/01
45	12/1/01
46	12/1/01
47	12/1/01
48	12/1/01
49	12/1/01
50	12/1/01

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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MPD  
6/1/01  
2 639P  
8530  
9/28/01

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